

Work Order ID 94539-1

December-19-12 11:40:26 AM

94539

Page 1

Item ID: D3595

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Rubber Cushion (per sq ft)

Start Date: 12/19/12 Start Qty: 500.00

500

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 500.00

500

Customer:

Reference:

Approvals: Process Plan: MLS

Date: 12-12-20 Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3595	Rev A								
100	PURCHASING	0.00							
100	Memo	0.00							
Purchasing	Issue P/O: 18706								
Purchasing	Purchase part as per Dwg D3595								
	Possible Supplier: ACR GROUP								
	Material release note required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
110	Memo	0.00							
Packaging	Ensure Material Release Note is attached								
Packaging									
120	QC6- Inspect dimensions to drawing	0.00							
120	Memo	0.00							
QC									
Quality Control									

13/01/04 500

13/4/12 20
SP 13-4-02

16
13/04/12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY										
Landing Gear			General							
<input type="checkbox"/> Bending	<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> Cracks	<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Wave/Twist in Tube
<input type="checkbox"/> Bend	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Burrs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Countersink	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Drawing	<input type="checkbox"/> Finish	<input type="checkbox"/> Folio
<input type="checkbox"/> Grain	<input type="checkbox"/> Hardware	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Misread	<input type="checkbox"/> Offset	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Ovalized	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced	<input type="checkbox"/> Temperature/Cure	<input type="checkbox"/> Weld	<input type="checkbox"/> Wrong Stock Pulled
							<input type="checkbox"/> Other			

Work Order ID 94539

December-19-12 11:40:26 AM

94539

Page 2

Item ID: D3595

Accept

N900040100

Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Rubber Cushion (per sq ft)

Start Date: 12/19/12 Start Qty: 500.00

500

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 500.00

500

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start ***NR1***

QC:

Date:

SPC (Y/N):

Date:

Stop ***NR2***

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

130

Identify as per dwg & Stock Location: NAT052 0.00

130

Packaging

Memo

0.00

300 S.F.

Jm, 3-4-5

Packaging

140

QC21- Final Inspection - Work Order Release

0.00


140

QC

Memo

0.00

Quality Control

13/7/8 

13-04-8

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS			
Part No. _____		Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>
NCR No. _____		Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>
		Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>
		Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Picklist Print

December-19-12 11:40:26 AM

Page 1

Work Order ID: 94539

Parent Item: D3595

Start Date: 12/19/12

Required Date: 1/11/13

Parent Item Name: Rubber Cushion (per sq ft)

Start Qty: 500.00

Required Qty: 500.00

Comments: IPP REV:A 11.04.26 AS PER DWG REV.A DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

MNEO80S.125

Purchased

No

110

sf

148.0944

0.21

105.05255

NEOPRENE SHEET 0.125

200 x Sp 13-4-02.

Location

Loc Qty

Loc Code

MAT052

148.0944

115916

148.0944

roll 1 4' x 25'

roll 2 4' x 50' Jm
13-4-5

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

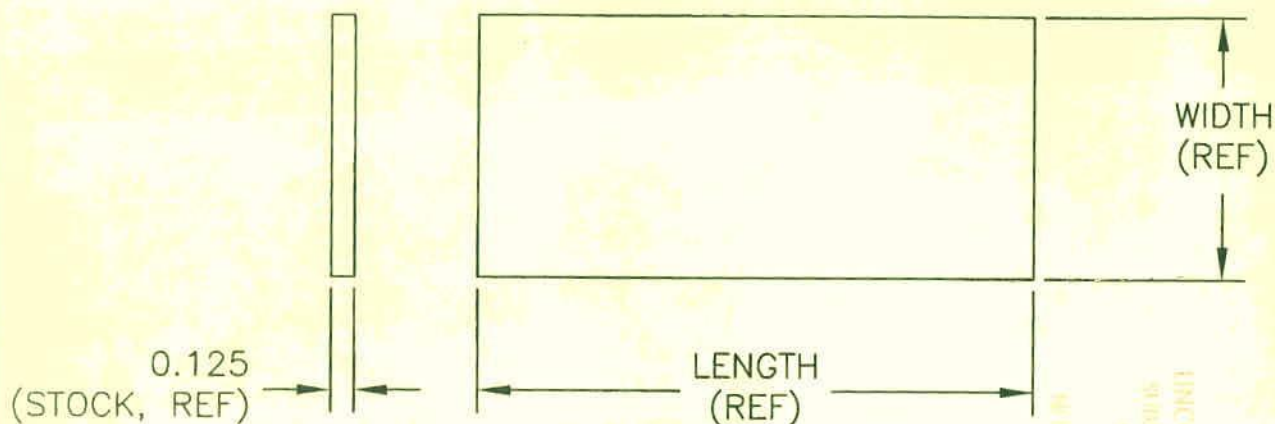
FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other



DESIGN PH	DRAWN BY PH	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED [Signature]	APPROVED [Signature]	DRAWING NO. D3595	REV. A SHEET 1 OF 1
DATE 07.02.07		TITLE RUBBER CUSHION	SCALE NTS
A	07.02.07	NEW ISSUE	

RELEASED
07.02.14 [Signature]

SPECIFICATION CONTROL DRAWING



SPECIFICATION: D3595-XXX-YYY RUBBER CUSHION

WIDTH
LENGTH

UNCONTROLLED
STRICTLY FOR
REFERENCE
NOT TO BE
USED FOR
CONSTRUCTION
12-12-20
D3595 M15

EG: 0.75"x4.30" RUBBER CUSHION = D3595-075-430

NOTES

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,
80 DUROMETER (REF DART SPEC. M-NEO80-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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Engineered Rubber & Polyurethane Products

www.acrgroup.ca

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Richmond, B.C.
Canada V7A 4E9

Tel: 604-274-9955

Fax: 74-1010

Toll free: 1-800-2237

PACKING SLIP

CUSTOMER COPY

PACKING SLIP 00145904

CUSTOMER NO. 10750

PST #

S
O
L
D
T
O
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

S
H
I
P
T
O
DART AEROSPACE LTD
1270 ABERDEEN STREET
HAWKESBURY, ON K6A 1K7
Canada

DATE		SHIP VIA		TERMS				
03/27/13		DAY / ROSS		ACR GROUP INC. NET 30 DAYS				
PURCHASE ORDER NUMBER		DATE ORDERED		SALES PERSON				
18706		02/07/13		KRIS				
QUANTITY		ITEM NUMBER		DESCRIPTION		UNIT	UNIT PRICE	AMOUNT
ORDERED	SHIPPED							
300	300 ✓	NE080-02		NE080-1/8" SMOOTH BOTH SIDES SF RS: 4' X 50' LBS/SQFT:				
Backorder from order# 00145571 SUPPLIED AS FOLLOWS: SUPPLY 1PC - 4' X 50' 4' x 25'								
1 PAUET 363#								
SUBTOTAL HST								
TOTAL AMOUNT								
FREIGHT: Collect								

Rubber Products Engineered To Your Requirements
Specialists in Bonding Natural and Synthetic Rubber To Metal
Molded and Extruded Rubber Products, Cast Polyurethane Specialties

CERTIFICATE OF COMPLIANCE

Date : 03/26/2013

Customer : Dart Aerospace LTD

Customer P.O. # : 18706

Specification : N/A

Customer Ref.# / Stock # : N/A

Serial # : N/A

ACR W.O. # : 145904

Item # : NEO80-02

Item Description : 4'x50'x1/8" Neo80, Smooth both sides.

ACR Compound : Neo80

Date Shipped : March 26, 2013

Carrier : _____ B / L : _____

This Certifies that to the best of our knowledge the material delivered under this contract is in accordance with the terms of the contract, and with ACR Group quality standards.



Michael Reilander

(ACR GROUP INC. REPRESENTATIVE)



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO18706

Purchase Order Date 1/04/13

PO Print Date 1/07/13

Page Number 1 of 1

Order From :

VC-ACR001

ACR GROUP INC.
12771 - NO. 5 ROAD
RICHMOND, BC V7A 4E9
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

604 274 9955

604 274 1013

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect



Ship To :

DART AEROSPACE LTD
1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISID

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	110750003	RUBBER EXTRUSION	1/16/13 Yes	500.00 Each	Day & Ross coll	\$3.5000	\$1,750.00
		Special Inst: AS PER DWG D2732 REV. B B94725					
2	MNEO80S.125	NEOPRENE SHEET 0.125	1/16/13 Yes	500.00 sf	Day & Ross coll	\$2.1000	\$1,050.00
		Special Inst: AS PER DWG D3595 REV. A B94539 MATERIAL: MNEO 80 SHEET .125"					
3	D3195F	Neoprene 1/8" thick	1/16/13 Yes	100.00 Each	Day & Ross coll	\$1.2500	\$125.00
		Special Inst: AS PER DWG D3195 REV. A B94672 MATERIAL: MNEO 60 SHEET .125"					
						PO Total:	\$2,925.00

CERTIFICATE
PON DELIVER

No substitution or deviation without
consent.
Certificate of Conforming or Material
Certification required YES NO

Change Nbr:

3

Change Date: 1/07/13

